	J8	HMARSH & McI	ENNA, INC.	CERTIFIC	ATE CON	USURANCE	CÉRTIFICATE NUMBER	
Ma 800	Ma	ISA Inc	0024 FAXAFO	NO RIGHTS U	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED HEREIN. COMPANIES AFFORDING COVERAGE			
arch -GL-UT-99-00				COMPANY A S	A ST. PAUL FIRE & MARINE INSURANCE COMPANY			
INSURED					COMPANY			
		Fuel Company, LLC nion Park Center		В	В			
Sui	te 54			COMPANY C				
				COMPANY				
CO	THIS NOT PER	IS TO CERTIFY THAT POLICIES WITHSTANDING ANY REQUIREMENT,	certificate supersedes and replaces OF INSURANCE LISTED HEREIN HAVE BI TERM OR CONDITION OF ANY CONTRACT C THE POLICIES LISTED HEREIN IS SUBJECT	any previously iss EEN ISSUED TO THE OR OTHER DOCUMENT	E INSURED NAMED I	WHICH THE CERTIFICATE MAY E	BE ISSUED OR MAY	
CO LTR		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	Lii	WITS	
Α	GEI	NERAL LIABILITY	GL 01200289	07/31/99	07/31/00	GENERAL AGGREGATE	\$ *500,000	
	X	COMMERCIAL GENERAL LIABILITY	*\$500,000 general aggregate applie	5		PRODUCTS - COMP/OP AGG	\$ 500,000	
		CLAIMS MADE X OCCUR	per location			PERSONAL & ADV INJURY	\$ 300,000	
	V	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 300,000	
	X	Includes XCU				FIRE DAMAGE (Any one fire)	\$ 50,000	
-	AUT	 				MED EXP (Any one person)	\$ 5,000	
		ANY AUTO				COMBINED SINGLE LIMIT	\$	
		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
		HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
	-					PROPERTY DAMAGE	\$	
	GAF	RAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
		ANY AUTO				OTHER THAN AUTO ONLY:		
						EACH ACCIDENT	\$	
	-	CECC HADILITY				AGGREGATE	\$	
	-	CESS LIABILITY				EACH OCCURRENCE	\$	
	-	UMBRELLA FORM				AGGREGATE	\$	
	WO	OTHER THAN UMBRELLA FORM RKERS COMPENSATION AND	E E	CENT		WC STATU- OTH	\$	
	EMF	PLOYERS' LIABILITY			₽-,	WC STATU- TORY LIMITS ER EL EACH ACCIDENT	\$	
	t	PROPRIETOR/				EL DISEASE-POLICY LIMIT	\$	
	OFF	FICERS ARE: EXCL	J J	JL 30 1999		EL DISEASE-EACH EMPLOYEE	\$	
	отн	ER						
			DIV OF (IL, GAS & N	MINING			
	<u> </u>		l					
		kploration Permit #U07064	THELES/SPECIAL ITEMS (LIMITS MAY BE SUB	JECT TO DEDUCTIBLE	S OR RETENTIONS)			
CEI	RTIF	ICATE HOLDER		CANCELLA	TION			
(000000000	********				SHOULD ANY OF THE POLICIES LISTED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE			
				1	G COVERAGE WILL XXXXX		NOTICE TO THE CERTIFICATE	
		pt. Of Natural Resources of Oil, Gas and Mining			HOLDER NAMED HEREIN, BOYCKIRURE TOCKKIX DEUS KIXI NO OOC SIKKIX XIXI O OOC SIKKIX XIXIO OOC SIKAXIX XIXIO OOC S			
159	4 W.	North Temple		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
Suit Salt	e 121 Lake	10 e City, UT 84114-5801	* 13.		**************************************			
		•.		1	Alfred A. Peterfeso			
JHMM1 (2/98) Alfred A. Peterieso VALID As OF: 07/27/99							07/27/99	

UTAH ATTACHMENT

A rider is attached to the policy that requires the insurer to notify the Division whenever substantive changes are made in the policy including any termination or failure to renew.